MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3258 CERTIFICATE OF DEATH

Reg. Dist. No. 03204 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 Dorchester Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Ann Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) 130 Dorchester Rd

3. NAME OF DECEASED: (Type or Print) (First) MRS. (Middle) ANNA MATILDA (Last) BARTON

4. DATE OF DEATH: (Month) APRIL (Day) 22 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: APRIL 3, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: James Graham

14. MOTHER'S MAIDEN NAME: Mrs anna M. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Lillian R. Meyneann (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral vascular accident - right side — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & arteriosclerosis — 8 years

DUE TO

(c) none

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General senility

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1954, to present, 19..., that I last saw the deceased alive on April 21, 1954, and that death occurred at 10:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hubert F. Mamyak M.D. ADDRESS 901 Edgely Rd, Glen Burnie, Md. DATE SIGNED 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL — DATE THEREOF APR 24 1954 — NAME OF CEMETERY OR CREMATORY EAST RIDGE LAWN — LOCATION (City, town, or county) JERSEY CITY (State) N.J.

DATE REC'D BY LOCAL REGISTRAR April 24 1954 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME — ADDRESS 4400 BELAIR RD

3226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03205

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAHAMA VIEW, CHALK POINT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) NORMAN (Last) BLANKENSHIP

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 27 1904

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): DANVILLE VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob F. Schofield

14. MOTHER'S MAIDEN NAME: KATE INFRAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: ABNER F. BLANKENSHIP, West River, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Cerebral hemorrhage — Interval between onset and death: 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension - Arterio - sclerotic CVD — 6 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27/54, 19..., to 4/27/54, 19..., that I last saw the deceased alive on 4/27/54, 19..., and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M Shipley MD. Annapolis 4/27/54

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 4/30/54 — NAME OF CEMETERY OR CREMATORY Woodfield — LOCATION (City, town, or county) (State) Lisleville Md.

DATE REC'D BY LOCAL REG. April 28, 1954 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR ADDRESS HARDESTY Funeral Home Lisleville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1954
BUREAU V. S.

D-Borsnick

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3227 CERTIFICATE OF DEATH

Reg. Dist. No. 03206

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) Irma (Last) Bradshaw

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 1-20-1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg. Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Supt. of Nurses
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Frank K. Bradshaw 3108 Edgewood Ave Richmond Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) arteriosclerotic cardiovascular disease — Interval Between Onset And Death 8 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cellulitis both legs & elbow refrigerated — 1 mo.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1954, to 4/6, 1954, that I last saw the deceased alive on 4/5, 1954, and that death occurred at 7:20 a, from the causes and on the date stated above.

SIGNATURE (Degree or title) S Borsnick MD
ADDRESS Annapolis Md
DATE SIGNED 4/8/54

23. BURIAL, ~~CREMATION,~~ REMOVAL (Specify) DATE THEREOF ~~4-8-54~~
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR April 8, 1954
REGISTRAR'S SIGNATURE [signature]
FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND 3259 03207

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville X
LENGTH OF STAY (in this place): 3 mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital 10

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City 3V01-4
STREET ADDRESS (If rural, give location): 31 N. Bond Street ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Brown #7
4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) ~~Unk.~~
8. DATE OF BIRTH: Unk.
9. AGE last birthday: 54 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Un
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unkl (If year, give war or dates of service) Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Chronic Myocarditis — Known to us since 1/26/54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1954, to 4/28, 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at 6:40p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 4/28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 4-54 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county): A. A. Co. Md (State)

DATE REC'D BY LOCAL REG.: 5-3-54 — REGISTRAR'S SIGNATURE: A W [illegible] — 24. FUNERAL DIRECTOR: [illegible] E W Williams — ADDRESS: 1515 McElderry St

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3228 CERTIFICATE OF DEATH

03208

Reg. Dist. No. 21

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A. General Hosp. 120

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edge Water, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Patrica (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 3-16-1949
9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Brown
14. MOTHER'S MAIDEN NAME: Alice Moulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Benjamin Brown - Edgewater, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

085.0

Immediate cause (a) Pot measles encephalitis, acute — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Measles - (Rubeola)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Apr, 1954, to 27 Apr, 1954, that I last saw the deceased alive on 27 Apr 1954, and that death occurred at 4:00 PM, from the causes and on the date stated above.

SIGNATURE Wm W Walker M.D. (Degree or title) ADDRESS Carvel Hall Annapolis Md DATE SIGNED 28 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-1-54
NAME OF CEMETERY OR CREMATORY Hopes Chapel
LOCATION (City, town, or county) (State) Edgewater, Md.

DATE REC'D BY LOCAL REGISTRAR May 1, 1954
REGISTRAR'S SIGNATURE Wm O. French
24. FUNERAL DIRECTOR William Reese II
ADDRESS 108 Hack St. Annapolis, Md.

RECEIVED
MAY 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03209

3260 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Revell
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Revell
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Blanche (Last) Brown

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 1954

5. SEX: Fe. 6. COLOR OR RACE: White 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): 8. DATE OF BIRTH: Mar 17 [illegible]

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY: Domestic 11. BIRTHPLACE (State or foreign country): A. A. Co. Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hall 14. MOTHER'S MAIDEN NAME: Lottie V. Vanpelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Olaf B. P. Brown Revell A. A. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

587.0 Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Pancreatitis Acute — 2 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15 19 54 to 4/30/54 19 ., that I last saw the deceased alive on 4/30 19 54, and that death occurred at 2:11 A.M. from the causes and on the date stated above.

SIGNATURE Albert M. Culberson (Degree or Title) MD ADDRESS Annapolis Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF May 3 1954 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) (State) Annapolis A. A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 3, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR ADDRESS John M. Taylor Son Annapolis, Md.

VS. A15

RECEIVED
MAY 6 1954
BUREAU V. S.

3229

03210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY A. A. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annarundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Rundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodland Beach
STREET ADDRESS (If rural, give location) Millstone Road

3. NAME OF DECEASED: (Type or Print) (First) Bertran (Middle) (Last) Bryant
4. DATE OF DEATH (Month) Apr (Day) 21 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: D.C. Govt
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ~~Ruben~~ Ruben A. Bryant
14. MOTHER'S MAIDEN NAME: Clementine A. Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Thelma H. Bryant Woodland Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Lum Lundt M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 4-25-1954 NAME OF CEMETERY OR CREMATORY Arlington Nat'l LOCATION (City, town, or county) Arlington Va (State)
DATE REC'D BY LOCAL April 21, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Mattingly ADDRESS 131-11th St S.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APP
BUREAU V. S.

MARYLAND 3261 43211 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville ✓ | LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 310 Boulden Lane ✓

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) (Last) Bunting
4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: 1/29/20
9. AGE last birthday: 34 yrs. | If under 1 year: Months — | Days — | If under 24 hrs.: Hours — | Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Underwood Sailey
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 025 X Tabo Paresis — Interval between onset and death: 5 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13 ..., 1954, to 4/15 ..., 1954, that I last saw the deceased alive on 4/15 ..., 1954, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold N. Licht, M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4-19-54 — NAME OF CEMETERY OR CREMATORY Green Acres Memorial Park — LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REG. April 15, 1954 — REGISTRAR'S SIGNATURE K M Doe — 24. FUNERAL DIRECTOR J. F. Stewart Funeral Home, Thornton A. Polley — ADDRESS 324 E. Church St. Salisbury, Md.

23

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND

3262

STATE DEPARTMENT OF HEALTH

03212

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2nd
STREET ADDRESS (If rural, give location) 1212 W. Fayette St

3. NAME OF DECEASED (Type or Print) (First) Freddie (Middle) Lee (Last) Carr

4. DATE OF DEATH (Month) apr (Day) 3 (Year) 1954

5. SEX male

6. COLOR OR RACE negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 11-11-28

9. AGE last birthday 25 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker

10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel

11. BIRTHPLACE (State or foreign country) U.S.A. Greenville S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Carr

14. MOTHER'S MAIDEN NAME Minnie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?

16. SOCIAL SECURITY NO. ?

17. INFORMANT AND ADDRESS Mrs. Fredred Carr (wife) 1212 W. Fayette St. Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 300.2 Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Catatonic ex hebephrenia

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs since adm - 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1954, to 4-3, 1954, that I last saw the deceased alive on 4-3, 1954 and that death occurred at 325 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 4/7/1954

NAME OF CEMETERY OR CREMATORY Brown Hill Cem.

LOCATION (City, town, or county) Greenville (State) S.C.

DATE REC'D BY LOCAL REG. 4-5-54

REGISTRAR'S SIGNATURE A. W. Hendrick

24. FUNERAL DIRECTOR'S ADDRESS Mrs Katie R. Williams Schroeder St 3224

55

Item 18 Film G165B 5/12/54 ams 3230

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03213 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Iglehart Rural
STREET ADDRESS (If rural, give location) Crownsville, Post Office

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) (Last) CARVER

4. DATE OF DEATH (Month) APR (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: November 27, 1949

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Crownsville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee R. Carver

14. MOTHER'S MAIDEN NAME: Helen M. Heard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Lee R. Carver- Father- same and #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 571.1

Immediate cause (a) Acute colitis, etiology undetermined — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes [X] No [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [ ] CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) OF INJURY (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work [ ] Not while at work [ ] **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [X], and find that death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined cause [ ].

SIGNATURE Paul F. Mellen M. D. CHIEF MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAM. [X] DATE SIGNED April 16, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** April 19, 54 | **NAME OF CEMETERY OR CREMATORY** Hillcrest Cemetery | **LOCATION** (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. April 19, 1954 | **REGISTRAR'S SIGNATURE** [signature] | **24. FUNERAL DIRECTOR** Ben L. Hopping and Son | **ADDRESS** Annapolis, Md.

RECEIVED
APR 22 1954
BUREAU OF STANDARDS

Film#G165 Item# 6,9
5/12/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04203

3263 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Haven
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Haven
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ALLEN (Last) CARSON
4. DATE OF DEATH: (Month) APRIL (Day) 18 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: June 14, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Coppersmith
10b. KIND OF BUSINESS OR INDUSTRY: U.S.I.Co.
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James.
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.2.1

Immediate cause (a) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE — Interval Between Onset And Death: 10 YRS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DEGENERATIVE CARDIO VASCULAR DISEASE — 10 YRS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTHRITIS — 15 YRS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 19 1951, to APRIL, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 12:20 P.M. from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.H. ADDRESS Riviera Beach, Md. DATE SIGNED 4/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) B.
DATE THEREOF 4/21/54
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Balto. (State)
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR James L. McCleary
ADDRESS 130 E. Fontaine.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03214

3364 CERTIFICATE OF DEATH Reg. Dist. No. 7

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 yrs. 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenock - Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Gillson (Middle) D. (Last) Catterton
4. DATE OF DEATH: (Month) Apr (Day) 26 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 3 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farms.
11. BIRTHPLACE (State or foreign country): A.A. Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Catterton
14. MOTHER'S MAIDEN NAME: Mary Catterton
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Webster Catterton, Deale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Ac. Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic Cardio-Vascular Dis.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to April 26, 1954, that I last saw the deceased alive on 4/24, 1954, and that death occurred at 5 A.M. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Maurice R. Evans MD Annapolis Md 4/26/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF April 27/54 — NAME OF CEMETERY OR CREMATORY Friendship Methodist — LOCATION (City, town, or county) Friendship A.A. Co. (State) Md.
DATE RECD BY LOCAL REG. 4/27-54 — REGISTRAR'S SIGNATURE Elsie W. Williams — 24. FUNERAL DIRECTOR Hardesty Funeral Home — ADDRESS Galesville Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS. A15 8-51

RECEIVED
APR
BUREAU V. S.

3231

MARYLAND

STATE DEPARTMETT OF HEALTH

03215

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): John Joseph Clark

2. DATE OF DEATH: 4-6-54

3. PLACE OF DEATH: A. ~~Baltimore City, Maryland~~ Annapolis, Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anne Arundel General, Annapolis, Md. (Anne Arundel Co.)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: ANNE ARUNDEL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location): Selley Rd, Passedena.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept.18,1911

9. AGE (In years last birthday): 42 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wireman

10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country): Wilkes-Barre, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry F. Clark

14. MOTHER'S MAIDEN NAME: Mary Dailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World War 11

16. SOCIAL SECURITY NO: 364-14-0239

17. INFORMANT: Dorothy Clark, Passedena, Md. — ADDRESS

CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 dg.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. *I hereby certify that I attended the deceased from* 4-6 *19*54 *to* 4-6 *19*54, *that I last saw the deceased alive on* 4-6 *19*54, *and that death occurred at* 10 45 *p m., from the causes and on the date stated above.*

23A. SIGNATURE: B MacDonald MD M. D.

23B. ADDRESS: 204 Crain Hwy, Glen Burnie

23C. DATE SIGNED: 4-7-54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-12-54

24C. NAME OF CEMETERY OR CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4-7-54

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINFADING INK. Every item of information should be carefully supplied. T correct age is especially hysicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3265 CERTIFICATE OF DEATH

03216 28

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural give location) Waterbury Rd

3. NAME OF DECEASED: (Type or Print) (First) MIRIAM (Middle) BALDWIN (Last) COOKE

4. DATE OF DEATH: (Month) Apr (Day) 23 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan 12 1871

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): A.A. Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Baldwin

14. MOTHER'S MAIDEN NAME: Sophronia J. Furlong (Sophronia)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No: —

17. INFORMANT & ADDRESS: Mrs. Richard Whitall Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44 2X (a) Hypertensive Cardio-Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 10 Years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1946, to April 23, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 1:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J Chenault M.D. ADDRESS Crownsville Md DATE SIGNED 4-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
DATE THEREOF Apr 25/54
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR: Apr 26 1954
REGISTRAR'S SIGNATURE E. Reid Williams
Katherine M. agree E.J.

24. FUNERAL DIRECTOR H.H. Jenkins Jr. Inc
ADDRESS 4905 York Rd.

VS. A15

RECEIVED
APR 27 1954
BUREAU V. S.

Item 18 Film G165B 5-4-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

3266 CERTIFICATE OF DEATH

03219 20

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Aa — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol — LENGTH OF STAY (in this place) 10 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md — COUNTY Aa — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bristol — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Walter (Last) Crosby

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: May 8 1903

9. AGE Last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Walter Crosby

14. MOTHER'S MAIDEN NAME: Lillian Elliott Shadel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —

(If Yes, give war or dates of service):

16. SOCIAL SECURITY No.: 212-24-9772

17. INFORMANT & ADDRESS: James Crosby Bristol Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 191X DUE TO Coma. Uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Paget's Disease of the skin

(c)

Interval Between Onset And Death: (a) 2 days (b) 20 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930 to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954 and that death occurred at 1.20 PM, from the causes and on the date stated above.

SIGNATURE Richard Crump (Degree or title) — ADDRESS Md — DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/17/54 — NAME OF CEMETERY OR CREMATORY: Friendship Cemetery — LOCATION (City, town, or county) Friendships (State) A.A. Co Md.

DATE REC'D BY LOCAL REGISTRAR: April 15, 1954 — REGISTRAR'S SIGNATURE: Grace L. Hutchins / Elsie M. Williams — 24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Owings, Md

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3267 CERTIFICATE OF DEATH

03220
Reg. Dist. No. .....

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shady Side
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shady Side
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) H. (Last) Crowner

4. DATE OF DEATH: (Month) Apr. (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 2-22-1871
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Gardener
10b. KIND OF BUSINESS OR INDUSTRY: J. Thomas Estate
11. BIRTHPLACE (State or foreign country): Shady Side, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Crowner
14. MOTHER'S MAIDEN NAME: Rachel Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ——
17. INFORMANT & ADDRESS: Serena Crowner - Shady Side, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 36 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio Vascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1952, to Apr. 22, 1954, that I last saw the deceased alive on Apr. 22, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Bowie Lunn Grant M.D. ADDRESS Shady Side, Md. DATE SIGNED 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-25-54
NAME OF CEMETERY OR CREMATORY: St. Matthews
LOCATION (City, town, or county) (State): Shady Side, Md.

DATE REC'D BY LOCAL REGISTRAR: 4-22-54
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: William Lease, II - 108 N. Washington St. Annapolis, Md.
ADDRESS

Film#G164 Item# 8 4/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03221

3268

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A A Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS A A General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md AA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena AA Co
STREET ADDRESS (If rural give location) Annapolis Md Md

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Irene (Last) Davis
4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 21 - 1910 09
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Williamsport Penn
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Raymond Stettler
14. MOTHER'S MAIDEN NAME: Ida Garrison
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 214-16-8847
17. INFORMANT & ADDRESS: Edward N. Davis Pasadena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

Immediate cause (a) Generalized Peritonitis — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Perforation of Intestine — 2 weeks

DUE TO

(c) descending colon

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adeno Carcinoma Cervix + Broad Ligament

19a. DATE OF OPERATION: March 15th 54
19b. MAJOR FINDINGS OF OPERATION Perforation Descending Colon Generalized Peritonitis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1954, to April 3, 1954, that I last saw the deceased alive on April 3rd, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED April 3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 6-54
NAME OF CEMETERY OR CREMATORY Forest Park
LOCATION (City, town, or county) (State) Baltimore Md
DATE REC'D BY LOCAL REGISTRAR 4-8-54
REGISTRAR'S SIGNATURE French cm
24. FUNERAL DIRECTOR Bernard A Fink Glen Burnie Md ADDRESS

April 6, 1954 L. J. DeAlba

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3269

2411 N. Charles Street, Baltimore

03222

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carrollton Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Carrollton Manor

3. NAME OF DECEASED (Type or Print): (First) ELEANORA (Middle) MARIE (Last) DECKER

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 8, 1893

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Krause

14. MOTHER'S MAIDEN NAME: Mary Mendel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Louis H. Decker, Jr.-16 Georgia Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — Interval between onset and death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to April, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 11 10 p.m., from the causes and on the date stated above.

SIGNATURE: Gene A. Tatum (Degree or title) MD ADDRESS: Severna Park, Md. DATE SIGNED: April 21 '54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 4/23/54

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4-23-54

REGISTRAR'S SIGNATURE: A. J. Hudson

24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03223

3270 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25 | LENGTH OF STAY (in this place) 13 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 600 Church St.

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Brandt (Last) Dieckhoff

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Feb. 2 1889 | 9. AGE last birthday: 65 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Newark N. J. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown McCord | 14. MOTHER'S MAIDEN NAME: Unknown Unknown

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Frank J. Dieckhoff

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

293X

IMMEDIATE CAUSE (A) Cardio Vascular Disease — 3-4 Mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes Anemia — 2 yr.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. , 19 3 to April 18, 19 54 that I last saw the deceased alive on 4/18 , 19 54 , and that death occurred at 8:30 P.M. from the causes and on the date stated above.

SIGNATURE Chas. L. Bolle M. D | ADDRESS Linthicum | DATE SIGNED 4/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 4-18-54 | NAME OF CEMETERY OR CREMATORY Fairview | LOCATION (City, town, or county) (State) Bergen County, New Jersey

DATE REC'D BY LOCAL REGISTRAR 4/15/54 | REGISTRAR'S SIGNATURE L. J. DeAlba | 24. FUNERAL DIRECTOR & ADDRESS Wm. Cook Inc. 1217 St. Paul St.

APR 20 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03224

3232 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Annapolis) Balto.
STREET ADDRESS (If rural give location) USNH, Annapolis, Md. 2216 Brookfield Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Allen (Last) DOZIER

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Newborn

8. DATE OF BIRTH: April 6, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dufford DOZIER

14. MOTHER'S MAIDEN NAME: Christine PELRINE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1954, to 4-8, 1954, that I last saw the deceased alive on 4-8, 1954, and that death occurred at 0835, from the causes and on the date stated above.

SIGNATURE E.R. Peters (Degree or title) Lt MC USN ADDRESS USNH, Annapolis, Md. DATE SIGNED 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 9, 54

NAME OF CEMETERY OR CREMATORY St Mary's Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR April 9, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md.

2144343371

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03225

3233 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 34 East St

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) A. (Last) Dunn

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Oct. 27th 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William V Stinchcomb

14. MOTHER'S MAIDEN NAME: Aletha Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Alverta Aurin 34 East Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Cerebral Hemorrhage with — Interval Between Onset And Death 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Rt Hemiplegia

DUE TO (c) Arterio Sclerotic Heart Disease — several years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — several years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1954, to 4-26, 1954, that I last saw the deceased alive on 4-26, 1954, and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE George C Bosit (Degree or title) M D. ADDRESS Annapolis Md DATE SIGNED 4-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-29-54 NAME OF CEMETERY OR CREMATORY Naval Academy LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR April 28, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2[illegible]
BUREAU V. S.

MARYLAND 3271

03226

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore V01-4
STREET ADDRESS (If rural, give location) 731 Ayax Alley

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Daniel (Last) Erickson
4. DATE OF DEATH (Month) April (Day) 27th (Year) 1954

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2
9. AGE last birthday 77 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) —
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic myocarditis — Interval between onset and death: Mean since April 8th 54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8th, 1954, to April 27th, 1954 that I last saw the deceased alive on April 27th, 1954, and that death occurred at 10 15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS Crownsville Md DATE SIGNED 4-28-54

23. BURIAL CREMATION REMOVAL (Specify) DATE 5/1/54 NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. LOCATION (City, town, or county) Brooklyn Md (State)

DATE REC'D BY LOCAL REG. 4-28-54 REGISTRAR'S SIGNATURE K M Joe FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly Ave

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1954
BUREAU V.

Item 9, Film G165B, 5/6/54 fcy

MARYLAND

3234

STATE DEPARTMENT OF HEALTH

03227

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 117 Granville Ave

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) P (Last) Elliott

4. DATE OF DEATH: (Month) April (Day) 24, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 22, 1901

9. AGE last birthday: 52 ~~53~~ yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed

10b. KIND OF BUSINESS OR INDUSTRY: Paintine Cont.

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry W. Elliott

14. MOTHER'S MAIDEN NAME: Emma Farney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service): ----

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Doris Day Elliott Wife Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X
Immediate cause (a) Cerebral Hemorrhage with — Interval Between Onset and Death: 2 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) left Hemiplegia — 3 Years
(c) Hypertensive Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1954, to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954, and that death occurred at 430A m., from the causes and on the date stated above.

SIGNATURE: George C Bauk (Degree or title) M.D ADDRESS: Annapolis md DATE SIGNED: 4-25-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 26 54
NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: April 26, 1954
REGISTRAR'S SIGNATURE: [illegible] O'Donnell

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03228

3235 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 10; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; STREET ADDRESS (If rural give location) 69 Shipwright St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) B. (Last) Ennis Jr.

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: 12-10-1886

9. AGE Last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Chemical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Chemical Engineer

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Ennis

14. MOTHER'S MAIDEN NAME: Emma May Lepson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Margaret G. Ennis 69 Shipwright St Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Acute Congestion Thrombosis — Interval Between Onset And Death: 4 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Myocarditis — about 2 yrs.

DUE TO

(c) Coronary Thrombosis — about 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1954, to April 8, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Oliver Purvis M.D. 40 Franklin St Annapolis Md 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-13-54 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REGISTRAR April 12, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John W. Taylor Sons Annapolis Md.

RE
APR 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03229

3272 CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY U. S. ITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Alabama — COUNTY Limestone
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Athens
STREET ADDRESS (If rural give location) RR #2

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Gale (Last) Evans

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 21 April 1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 1 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Archie Levon Evans

14. MOTHER'S MAIDEN NAME: Marian Magdalene Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Archie L. Evans (Father) 29 1st Ave, Marley Park, GlenBurnie, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 7420 intracerebral hemorrhage. — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c) congenital skeleton — 36 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Apr, 1954, to 22 Apr, 1954, that I last saw the deceased alive on 22 Apr., 1954, and that death occurred at 1458 hrs, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Moan Capt. MC — ADDRESS Ft. Geo. G. Meade, Md. — DATE SIGNED 22 Apr 54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 23 Apr 54 — NAME OF CEMETERY OR CREMATORY Ft. Geo. G. Meade — LOCATION (City, town, or county) (State) Ft. Geo G Meade, Md.

DATE REC'D BY LOCAL REGISTRAR 22 Apr 54 — REGISTRAR'S SIGNATURE Charles E. Bernard

24. FUNERAL DIRECTOR GUY RITTER — ADDRESS Ft. Geo. G. Meade, Md.

VS. A15

2244221 2

RECEIVED
APR 2[illegible] 1954
BUREAU V. S.

3273 03230

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 2

1. PLACE OF DEATH: COUNTY A.A. County MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Turkey Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY [illegible]

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Springs

STREET ADDRESS (If rural, give location) 1633 Belvedere Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Richard (Last) Fink

4. DATE OF DEATH (Month) Apr. (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 28, 1940

9. AGE last birthday: 13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Montg. Hills Jr. High

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Edward Fink

14. MOTHER'S MAIDEN NAME: Dorothea Lillian Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Frank E. Fink, Sr., 13,206 Parkland Dr. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 914X

Immediate cause (a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Wharf.

21c. (City or town) (County) A.A. Co (State) MD.

21d. TIME OF INJURY (Month) Apr. (Day) 18 (Year) 54 (Hour) P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Coming out of water and contacted — Charged — Pipe

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. [illegible] M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/21/54

NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. Apr 22, 1954

REGISTRAR'S SIGNATURE Edward Collinson

24. FUNERAL DIRECTOR Warner E. Humphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 26 19[illegible]
BUREAU [illegible]

3274 **MARYLAND STATE DEPARTMENT OF HEALTH** 03231

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ... Anne Arundel ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... Fort George G. Meade ... LENGTH OF STAY (in this place) ... 04 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ... [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... Maryland ... COUNTY ... [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... Glen Burnie
STREET ADDRESS (If rural, give location) ... [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Phillip	J.	Fischer	April	12	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	[illegible]	6 Dec 1896	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Fischer	Frances Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction	[illegible] s
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1 April, 19 54, to 12 April, 1954, that I last saw the deceased alive on 10 Apr 54, and that death occurred at 0555 hrs. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. [illegible], MD, USPHS	Asst Surgeon, USPHS, MC	Ft. Meade, Maryland	12 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	[illegible]	Glen Haven	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	[illegible]	[illegible]

RECEIVED
APR
BUREAU V. S.

MARYLAND 3275 03232

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garland Park
LENGTH OF STAY (in this place) 5yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 West Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garland Park
STREET ADDRESS (If rural, give location) 601 West Avenue

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Louise (Last) Fowler

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Aug. 28,1880

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Fowler

14. MOTHER'S MAIDEN NAME Sussie Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Balto.,30,Md. Mr. M.H.Fowler - 2449 Westport Avenue Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a). Cerebral embolism, left

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

INTERVAL BETWEEN ONSET AND DEATH 4 unk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to April, 1954 that I last saw the deceased alive on 4-22, 1954, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE C R MacDonald (Degree or title) MD. ADDRESS Glen Burnie, Md DATE SIGNED 4-28-54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 1,1954

NAME OF CEMETERY OR CREMATORY Forestville Cemetery

LOCATION (City, town, or county) (State) Prince Georges County, Md.

DATE REC'D BY LOCAL REG. 4-30-54

REGISTRAR'S SIGNATURE [signature] Hedrick

24. FUNERAL DIRECTOR G.Russell Thomas-4204 Leeds Avenue Baltimore 29, Md. ADDRESS

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3236 CERTIFICATE OF DEATH

03233

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 831 Bay Ridge Ave

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) L. (Last) Freeman

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cement Finisher
10b. KIND OF BUSINESS OR INDUSTRY: Cement Work
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? N. S. A.

13. FATHER'S NAME: George W. Freeman
14. MOTHER'S MAIDEN NAME: Josephine Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Clara Freeman 831 Bay Ridge Ave City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Intestinal Obstruction due to — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma large bowl — unknown

DUE TO (c) Metastatic Carcinoma liver

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Hart Disease — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1954 to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954 and that death occurred at 10 AM from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 4-27-54

23. BURIAL, CREMATION, [redacted] (Specify) DATE THEREOF 4-28-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemt. LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR April 28, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1974
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03234

3276 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY NA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
STREET ADDRESS (If rural give location) 1917-B Scott Circle

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) C. (Last) Geist III

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2 March 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell C. Geist, Jr.

14. MOTHER'S MAIDEN NAME: Dorothy Catherine Cunningham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mother, Mrs. D. Cunningham, 1917-B Scott Circle, Ft GG Meade, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.0

Immediate cause (a) Post operative Shock

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Strangulated Inguinal Hernia, right.

DUE TO

(c)

Interval Between Onset And Death: 24 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 31 March 1954

19b. MAJOR FINDINGS OF OPERATION same

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 March, 1954, to 1st April, 1954, that I last saw the deceased alive on 1st April, 1954, and that death occurred at 0400, from the causes and on the date stated above.

SIGNATURE Ladislav Stefan (Degree or title) MD ADDRESS Fort George G. Meade, Md. DATE SIGNED 1st April 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3 Apr 54

NAME OF CEMETERY OR CREMATORY Arlington Cemetery

LOCATION (City, town, or county) (State) Drexel Hill, Penna.

DATE REC'D BY LOCAL REGISTRAR 1 April 1954

REGISTRAR'S SIGNATURE T.A. GO[illegible], [illegible], USA

24. FUNERAL DIRECTOR [illegible] COOK, INC. BALTO., MARYLAND ADDRESS

2034321416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5
BUREAU V. S.

MARYLAND 3277

STATE DEPARTMETT OF HEALTH
03235

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Lee (Last) Green
4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6/21/84
9. AGE last birthday: 69 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Johnson
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk.
(If year, give war or dates of service): Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Generalized Arteriosclerosis — Interval between onset and death: Known to us since 10/23/51

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 1954, to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 5:30p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. ADDRESS Crownsville, Md. DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Apr. 18 1954
NAME OF CEMETERY OR CREMATORY: Belleview Cemetery
LOCATION (City, town, or county) (State): Belleview Tal.Co. Md

DATE REC'D BY LOCAL REG. 4-14-54
REGISTRAR'S SIGNATURE: M M Joyce
24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr. Cambridge, Md

RECEIVED
APR 21 1954
BUREAU V. S.

Film#G164 Item# 2,13 4/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3278

CERTIFICATE OF DEATH

03236

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5705 Pope St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 5705 Pope St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Greensfelder

4. DATE OF DEATH: (Month) (Day) (Year) 4-10-54 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 16, 1885

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown Krug

14. MOTHER'S MAIDEN NAME: Louisa Schlentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Martin Greensfelder 5705 Pope St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.5 IX

Immediate cause (a) cardiac insufficiency Ca of stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the stomach

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7, 1953, to 11-20 4-10-54, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 6-15 P m., from the causes and on the date stated above.

SIGNATURE: Eugene Schuster Jr. (Degree or title) D ADDRESS 3904 S. Hanover St. DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-14-1954

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG. 4-12-54

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Wm. L. Fialkowski 2007 Eastern Ave

03237

MARYLAND STATE DEPARTMENT OF HEALTH

3279 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Margate, P.O. Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) 458 Crain Highway, N.E.

3. NAME OF DECEASED (Type or Print) (First) Walter Wesley (Middle) (Last) Griffith

4. DATE OF DEATH (Month) (Day) (Year) April-16-1954 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 10/9/30
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in a grocery store.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Severn, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles C. Griffith
14. MOTHER'S MAIDEN NAME Lillian Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-24-0515
17. INFORMANT AND ADDRESS Mrs. C.C. Griffith (Mother).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalised hemorrhage due to multiple

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fractures and deep lacerations.

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Furnace Branch Rd. (CITY OR TOWN) Glen Burnie, (COUNTY) Anne Arundel, (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4/16/54 6.P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Fauber M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 4/18/54

MODE OF CREMATION MOVAL (Specify) Burial
DATE THEREOF April 20-54
NAME OF CEMETERY OR CREMATORY Baltimore Natl Cemetery
LOCATION (City, town, or county) Pleasant Rd. Baltimore (State) Md

DATE REC'D BY LOCAL REG April 19, 1954
REGISTRAR'S SIGNATURE L. J. D'Alba
21. FUNERAL DIRECTOR A.A. CO. MD. Bernard A. Fink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

ASE WRITE ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 2[illegible]
BUREAU V. S.

3237

MARYLAND

STATE DEPARTMENT OF HEALTH

03238

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wardour	STREET ADDRESS (If rural, give location) Wardour

3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle) BRANCHAUD	(Last) GUEST	4. DATE OF DEATH (Month) APRIL (Day) 26, (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 4, 1867	9. AGE last birthday 86 yrs. — If under 1 year Months, Days — If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Arthur Branchaud		14. MOTHER'S MAIDEN NAME Unknown Caine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If year, give war or dates of service) ----	16. SOCIAL SECURITY NO. -------	17. INFORMANT AND ADDRESS Mrs. Maurice Ogle, Daughter -same asn# 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Arteriosclerotic Heart Disease

Antecedent cause(s) (b). Generalized arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).

INTERVAL BETWEEN ONSET AND DEATH: Several years; Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1954, to April 26, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Basil	M D	Annapolis Md	4.27.54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-28-54	NAME OF CEMETERY OR CREMATORY Arlington National Cemet.	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. April 28, 1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Ben L. Hopping and Son	ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
APR 29 1954
BUREAU V. S.

3238

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03240

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 36 Washington Street

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) C. (Last) HALL
4. DATE OF DEATH: (Month) 4/15 (Day) (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4/4/1857
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Seamstress
11. BIRTHPLACE (State or foreign country): Annapolis A.A. Co Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Ready
14. MOTHER'S MAIDEN NAME: Sally Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Emma H. Stepney-36 Washington St. Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myo-Cardial Infarcation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio Sclerotic Hypertensive Cardio-Vascular Disease
(c)

INTERVAL BETWEEN ONSET AND DEATH: 23 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1954, to April 15, 1954, that I last saw the deceased alive on April 15, 1954, and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE: R. L. Richardson (Degree or title) MD — ADDRESS: 110 - Clay Street Annapolis, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/19/1954
NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery
LOCATION (City, town, or county) (State): West. St. Annapolis, Md.

DATE REC'D BY LOCAL REG.: April 19, 1954
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Ethel L. Hicks — ADDRESS: 45 Northwest St. Annapolis Md.

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3280 CERTIFICATE OF DEATH

03241

Reg. Dist. No. . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) SALLY (Middle) (Last) Hall.

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1954.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 3 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). —

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Lothian, MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fenwick Hall

14. MOTHER'S MAIDEN NAME: Nannie Cheston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No: —

17. INFORMANT & ADDRESS: Wm. T. MURRAY Cumberstone Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Myocardial failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerosis

DUE TO

(c) generalized arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 April 53, to 4 - 3, 1954, that I last saw the deceased alive on 4-2-, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson, M.D. ADDRESS Lothian, Md. DATE SIGNED 4-3-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/4/54 NAME OF CEMETERY OR CREMATORY Christ Church LOCATION (City, town, or county) (State) Owensville Md

DATE REC'D BY LOCAL REGISTRAR 4-5-54 REGISTRAR'S SIGNATURE Edris West Williams

24. FUNERAL DIRECTOR Hall Funeral Home ADDRESS Galesville Md

VS. A15

RECEIVED
APR 7 1954
BUREAU V. S.

3239 03242

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Round Bay
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) D. (Last) Herriman

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2-8-1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Automotive Sales
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Mich.
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME: Wesley Herriman
14. MOTHER'S MAIDEN NAME: Mary Tuttle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Helene H. Herreman Round Bay A A Co Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
Immediate cause (a) Chronic nephritis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes mellitus
DUE TO
(c)

Interval Between Onset And Death: ? ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to April, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 6.05 PM, from the causes and on the date stated above.

SIGNATURE Gene W. Trettin (Degree or title) MD
ADDRESS Severna Park Md
DATE SIGNED April 24, 1954

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify)
DATE THEREOF 4-24-54
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Pri Geo Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR April 24, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03244

3240

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Genl Hosp. Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #1 Edgewater, Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) HENRY (Last) Howard Sr

4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 11, 1881.

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Chrome Plater

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. M. Howard

14. MOTHER'S MAIDEN NAME: Mary Kelsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr Henry J. M. Howard Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral hemorrhage, rt. cerebellar & rt. ant. hemis. — Interval Between Onset And Death: 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized.

DUE TO

260X (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis, diabetes mellitus

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1954, to 4-10, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice Klawans M.D. Manning H. Alden M.D. ADDRESS Anne Arundel Genl Hosp. DATE SIGNED 4-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/14/54 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 4-14-1954 REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Regr. [signature]

24. FUNERAL DIRECTOR Francis Gaschs Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3281 CERTIFICATE OF DEATH

03245

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marley Neack Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley
STREET ADDRESS (If rural give location) Marley Neack Road

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) J. (Last) Howard

4. DATE OF DEATH: (Month) April-1- (Day) (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March-5-69

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): A.A.CO.MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Carroll

14. MOTHER'S MAIDEN NAME: Ellen Carroll

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Theodore Howard Marley Neack Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1954, to April 1, 1954, that I last saw the deceased alive on Mar. 31, 1954, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.M. McLaughlin M.D.
ADDRESS Pasadena. Md.
DATE SIGNED April 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/4/54
NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.
LOCATION (City, town, or county) (State) Brooklyn Md.

DATE REC'D BY LOCAL REGISTRAR APR 4 1954
REGISTRAR'S SIGNATURE Huntington Williams, M.D. Louis J. DeAlba Jr.

24. FUNERAL DIRECTOR Elroy O.Wilson
ADDRESS 1000 Brantley Ave

RECEIVED
APR 6
BUREAU

Item 8: Funeral director's amendment, film G165 5-6-54 L
Item 21 Film G16[illegible] 5/11/54 ams 3282

03247

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 24

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ODENTON — LENGTH OF STAY (in this place): SUDDEN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FT MEADE ODENTON ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: ODENTON.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Ingersoll

4. DATE OF DEATH (Month) Apr (Day) 24 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 17, 1881 18, 78-77
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): OSTHEIM, SAXON WEIMAR GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHRISTOPHER REUN
14. MOTHER'S MAIDEN NAME: ELIZABETH MORGENWECK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. GEORGE GARY 520 FIRST STREET EASTPORT, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

812X
Immediate cause (a) Massive Intra Thoracic Hemorrhage
DUE TO
Antecedent cause(s) (b) Rupture of Aorta
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Crushed Chest

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21c. (City or town) Odenton (County) A.A. (State) Md.
21d. TIME OF INJURY (Month) Apr. (Day) 24 (Year) 1954 (Hour) 2:59 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hit by an automobile while crossing street.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: William V. [illegible] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: Apr 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 27, 1954 — NAME OF CEMETERY OR CREMATORY: EPIPHANY — LOCATION (City, town, or county): Odenton (State) Md

DATE REC'D BY LOCAL REG.: 4/26/54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: [illegible] Pingston — ADDRESS: Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR
BUREAU

03248

3383

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1208 Young Court ✓

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) James

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/13/00

9. AGE last birthday: 53 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas James

14. MOTHER'S MAIDEN NAME: Rose Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If year, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Acute Heart Failure

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Disease — 2½ months
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, Avitaminosis, Dehydration, Generalized Arteriosclerosis.

19a. DATE OF OPERATION - - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - - -

(CITY OR TOWN) - - - - - - - - - - - - - - (COUNTY) - - - - - - - - - - - - - - (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 3/26, 1954, to 4/12, 1954, that I last saw the deceased alive on 4/12/, 1954, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen E. Zenguer M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/14/1954 — NAME OF CEMETERY OR CREMATORY Balto Nat. Cem. — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 4-13-54 — REGISTRAR'S SIGNATURE A.W. Hedrick — 24. FUNERAL DIRECTOR Miss Kate R. Williams — ADDRESS 3 Edmondson Ave

MARYLAND 3284

03249

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 10 yrs. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) None known

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Jarrel

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1954

5. SEX Female

6. COLOR OR RACE Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1871?

9. AGE last birthday 83? yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Antecedent cause(s) (b) Generalized Arteriosclerosis — Known to us since 4/3/44

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility " "

19a. DATE OF OPERATION — — — — — —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/6, 1952, to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954, and that death occurred at 2:17 a. m., from the causes and on the date stated above.

SIGNATURE Stephen E. Kramer (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 4/7/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 4/12/54 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) Baltimore (State) MD

DATE REC'D BY LOCAL REG. April 12, 1954 REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR Frances A Hemsley 5 N Biddle ADDRESS

RECEIVED
APR 15 1954
BUREAU V. S

3285

03251

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) Unknown ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Johnson
4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	1910?	43? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Undetermined
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Frank Johnson
14. MOTHER'S MAIDEN NAME: Flora Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 025X Cerebral Thrombosis — Interval between onset and death: 4 days

Antecedent cause(s) (b) C. N. S. Syphilis (Meningo-encephalitic — Known to us since 7-7/53

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18 ..., 19 53, to 4/19 ..., 19 54 that I last saw the deceased alive on 4/19 ..., 19 54., and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold N. Eichert, M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-54	Union Cemetery Delmar, md	Delmar, md.

DATE REC'D BY LOCAL REG. April 20, 1954 — REGISTRAR'S SIGNATURE I. M Joyce — 24. FUNERAL DIRECTOR AND ADDRESS: D. F. Stewart Funeral Home - 324 E. Church St. Thornton B. Polley Salisbury, Md.

23

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND 3286

STATE DEPARTMENT OF HEALTH

03252

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN REQUIRED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 548 Berry Street

3. NAME OF DECEASED (Type or Print) (First) Mamie Jo (Middle) (Last) Jones

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1954

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8/10/05?

9. AGE last birthday 49? yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothes sorter

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) South Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Max Filmore

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Chronic Myocarditis — Interval between onset and death: Known to us since 4/7/54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1954, to 4/20, 1954, that I last saw the deceased alive on 4/20, 1954, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE Arnold N. Eichert, (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 4/20/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 4/22/54 NAME OF CEMETERY OR CREMATORY Kingstree LOCATION (City, town, or county) S.C. (State)

DATE REC'D BY LOCAL REG. 4-22-54 REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Isaiah L Brunt Inc ADDRESS 108 W Montgomery St

155

3241 MARYLAND STATE DEPARTMENT OF HEALTH 03253

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three months

Hospital, institution, or street address where death occurred: U.S. Naval Hospital, Annapolis, Md.

How long in hospital or institution? Died while being carried in.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)

Street No.: APL 31
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Raymond Emanuel Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 9-5-35

8. AGE:

Years	Months	Days	If less than one day
18	7	6	... hrs. ... min.

9. Birthplace: Hyattsville, Md. (Town, county, and state)

10. Usual occupation: U.S. Navy

11. Industry or business

MOTHER FATHER

12. Name: Daniel Jones

13. Birthplace

14. Maiden name: Anna Mathilds

15. Birthplace

16. Informant: US Naval Hospital

Address: Annapolis Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4/20/54 (month, day, year)

Cemetery or crematory: Arlington National Cem

Location: Arlington Va

18. Funeral director: David R Martin

Address: 1902 Eutaw place

19. April 17 1954 (Date rec'd by registrar) R-W Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 1954 at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-15 1954 to 4-15 1954 and that I last saw him alive on 4-15-54 at 5:19 pm 19

Immediate cause of death	DURATION
Fracture dislocation cervical spine	
Due to	
902.8	
Due to	

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 4-15-54

Where did injury occur? Annapolis (City or town) Anne Arundel (County) Md (State)

Injured at home, farm, industry, public place (where?) Aboard APL 31

Means of injury: fell from bunk Injured at work?

23. SIGNATURE: William D. Lynn MD (M. D. or other)

Address: U.S. Naval Station, Annapolis, Md Date signed 4-15-54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9 45-15M

Film#164 Item# 8,9 4/15/54 -mf Film#G164 Item# 9 4/15/54 -mf

MARYLAND 3242

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

03255 21

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ANNE ARUNDEL GEN. HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: AR Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GAMBRILLS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) KAUFMANN

4. DATE OF DEATH: (Month) (Day) (Year) 4/4/54 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: unknown

9. AGE last birthday: 73 — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Ray Farmer Feed

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ADAM KAUFMANN

14. MOTHER'S MAIDEN NAME: MARY DEACON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Frederick KAUFMANN GAMBRILLS MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ... coronary occlusion — Interval between onset and death: 4 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ... arteriosclerotic cardiovascular disease — 15 yrs

(c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

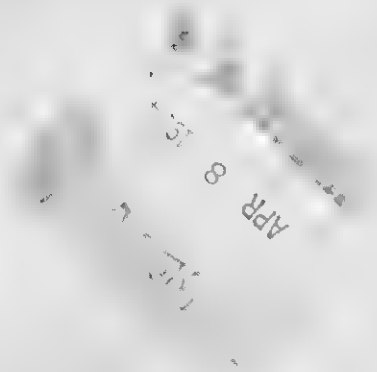
22. I hereby certify that I attended the deceased from Mar 30, 19 54, to Apr 4, 19 54, that I last saw the deceased alive on Apr 4, 19 54, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: J. Bowers (Degree or title) MD ADDRESS: Annapolis DATE SIGNED: Apr 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/7/54 | NAME OF CEMETERY OR CREMATORY: Our Lady of The Field | LOCATION (City, town, or county) (State): Millersville MD

DATE REC'D BY LOCAL REG.: 4-8-54 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Richard V. Singleton Glen Burnie MD ADDRESS

April 6. 1954 L J Dallas.


APR 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03257

3243 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md | COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 248 Prince George

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Katherine (Last) Reyes

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Feb 26 1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): London England | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hubbard | 14. MOTHER'S MAIDEN NAME: Louise Hogg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: - | 17. INFORMANT & ADDRESS: Mrs J. B. Small R. F. D. 2 Box 42 McLean Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — unknown

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1954, to 4-16, 1954, that I last saw the deceased alive on 4-16, 1954 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Bovie M D | ADDRESS Md | DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4-19-54 | NAME OF CEMETERY OR CREMATORY Forest Lawn Cemt | LOCATION (City, town, or county) (State) Baltimore Co.

DATE REC'D BY LOCAL REGISTRAR April 19, 1954 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John M Taylor & Sons | ADDRESS Annapolis Md

VS. A15

RECEIVED
APR. 22 1954
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3287

CERTIFICATE OF DEATH

03258

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater Md.
STREET ADDRESS (If rural give location) Mayo Road

3. NAME OF DECEASED: (Type or Print) (First) Sina (Middle) Canner. (Last) Kinnear

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: Feb 24 1863

9. AGE last birthday: 91 yrs. — IF UNDER 1 YEAR: Months 1 Days 10 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William H Canner

14. MOTHER'S MAIDEN NAME: Martha Harriss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-30-7346 D

17. INFORMANT & ADDRESS: Genevieve K. Von Oeckeberg Edgewater Marylandt.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Myocardial failure — 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24 1951 to April 3 1954, that I last saw the deceased alive on April 3 54, and that death occurred at 7.15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Vincent Gould M.D. — ADDRESS Mayo, Md. — DATE SIGNED 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-7-54 — NAME OF CEMETERY OR CREMATORY Abby Mausoleum — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 4-10-54 — REGISTRAR'S SIGNATURE Edward Collins

24. FUNERAL DIRECTOR S.H. Hines Co. — ADDRESS 2401 14th st Washington - D.C.

RECEIVED
APR 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03259

3288 CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 204 Laurel Avenue

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Mary Lee Lankford	April 27 1954	Female	White	Single	March 9, 1914	40 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Office Mgr.	U.S. Army - Post Exchange	Maryland	United States

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William F. Lankford	Mary White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	220-16-5163	Dewitt Donaldson, Donaldson Funeral Home, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Haemorrhage — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) N.B. Mild Cerebral accident 7 Duke Lane - 14 yrs. ago.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 4/27/54, that I last saw the deceased alive on 4/27/54, and that death occurred at 1200 hours, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, MD — ADDRESS Savage, Md. — DATE SIGNED 4/29/54

FRANK SHIPLEY

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/30/54	Fort Lincoln	Colmar Manor-Prince George-Md.

DATE REC'D BY LOCAL REGISTRAR: 27 April 1954 — REGISTRAR'S SIGNATURE: [illegible] USA

24. FUNERAL DIRECTOR: DONALDSON FUNERAL HOME — ADDRESS: Laurel, Md.

BUREAU V. S.
MAY 15
RECEIVED
MAY 1 1954
U.S. ARMY HOSP.
FT. GEO. G. MEADE, MD.

3289 MARYLAND STATE DEPARTMENT OF HEALTH 03262

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Furnace and Potopsco Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ann
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MIKE (Middle) LISICHIK (OR) (Last) LICIHIK
4. DATE OF DEATH (Month) (Day) (Year) APRIL-3-1954
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH 1890
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY SPINNER (Anderson Sugar Ref.)
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? Russia
13. FATHER'S NAME John Licihik
14. MOTHER'S MAIDEN NAME Martha PODSKOVIA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 212-09-5986
17. INFORMANT AND ADDRESS Peter LICIHIK 6713 BESSMER AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave H. Faubert M.D. Medical Examiner Glen Burnie, Md 4/2/54

MODE OF DISPOSAL, CREMATION OR REMOVAL (Specify) BURIAL
DATE THEREOF APRIL 6 1954
NAME OF CEMETERY OR CREMATORY HOLY TRINITY CEM
LOCATION (City, town, or county) ELKRIDGE (State) MD.

DATE REC'D BY LOCAL REG. 4-5-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Duppel Bros ADDRESS 1800 E LOMBARD ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3290

MARYLAND STATE DEPARTMENT OF HEALTH

03263

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction
LENGTH OF STAY (in this place): Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 32 - 1/4 mile East Route 8

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Cambrill
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnstown
STREET ADDRESS (If rural, give location) 127 - Clarion St.

3. NAME OF DECEASED (Type or Print) (First) Malcolm (Middle) MacDougall (Last)
4. DATE OF DEATH (Month) April (Day) 16 (Year) 1954

5. SEX M.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH May 1871
9. AGE last birthday 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mine Inspector
10b. KIND OF BUSINESS OR INDUSTRY State of Pennsylvania
11. BIRTHPLACE (State or foreign country) Morris Run, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Admiral Herbert E. Strange, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Fischer M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/19/54
NAME OF CEMETERY OR CREMATORY Grandview Cemetery
LOCATION (City, town, or county) Johnstown (State) Pa.

DATE REC'D BY LOCAL REG. 4/17/54
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR R. F. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 20 1
BUREAU V. S.

Item 18 Film G166 5/21/54 ams

MARYLAND 3244

STATE DEPARTMENT OF HEALTH 03264

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Conn. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Bradford
STREET ADDRESS (If rural, give location): West Pond Road ✓

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) ANN (Last) MATTEI

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1954

5. SEX: Femald

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 30, 53

9. AGE last birthday: — yrs. If under 1 year: Months: — Days: 17 If under 24 hrs.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): New Haven

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis P. Mattei

14. MOTHER'S MAIDEN NAME: Rosemary Criscio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr Louis P. Mattei- Father- Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocardial insufficiency

Antecedent cause(s) due to Acute [illegible]

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible] found to be a Hepatoma

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1954, to 4-17, 1954, that I last saw the deceased alive on 4-17, 1954, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 45 [illegible] DATE SIGNED 4/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: April 18 54 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): New Haven, Conn.

DATE REC'D BY LOCAL REG.: April 18 1954 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Ben L. Hopring and Son — ADDRESS: Annapolis, Md.

1V939V77V

MARGIN RESERVED FOR BINDING

RECEIVED
APR 22 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03265

3291 CERTIFICATE OF DEATH Reg. Dist. No. .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ft. Geo. G. Meade
LENGTH OF STAY (in this place) 5 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3291-1 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Spencer (Last) McGregor
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9 December 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Ft. Geo. G. Meade, Md.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Marshall S. McGregor
14. MOTHER'S MAIDEN NAME: Virginia J. Duckworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Marshall S. McGregor (F) 1735-7 Forest Ave. Ft. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffication — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Aspiration vomitus — Unknown

DUE TO

(c) 721.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Fort George G. Meade-Anne Arundel-Maryland
TIME OF INJURY (Month) Apr (Day) 30 (Year) 54 (Hour) 7:40 pm
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? While off duty.

22. I hereby certify that I attended the deceased from - ,19 - , to - , 19 - , that I last saw the deceased alive on - , 19 - , and that death occurred at 7:40 pm , from the causes and on the date stated above.
SIGNATURE Robert Moore (Degree or title) Capt., MC ADDRESS Ft. Geo. G. Meade, Md. DATE SIGNED 30 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4 May 1954
NAME OF CEMETERY OR CREMATORY Ft. Geo. G. Meade
LOCATION (City, town, or county) (State) Ft. Geo. G. Meade, Md.
DATE REC'D BY LOCAL REGISTRAR 30 Apr 54
REGISTRAR'S SIGNATURE T. A. GORDON CWO USA
24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS Baltimore, Md.

VS. A15

20V: 2214.5

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MAY 7 19
BUREAU V. S.

3292

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn (Rural)
LENGTH OF STAY (in this place) 28years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 Box 22

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn (Rural)
STREET ADDRESS (If rural, give location) Route 1 Box22

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) (Last) MELLING

4. DATE OF DEATH (Month) April (Day) 23 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH February 25, 1885

9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Pfeffer

14. MOTHER'S MAIDEN NAME Henrietta (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ---------

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS Mr. Henry Melling, Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. 420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1953, to April, 1954, that I last saw the deceased alive on 4-15, 1954 and that death occurred at 9 45 a.m., from the causes and on the date stated above.

SIGNATURE Charles R. MacDonald M.D. (Degree or title) ADDRESS Glen Burnie, Md DATE SIGNED 4-23-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 26.1954

NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park

LOCATION (City, town, or county) Glen Burnie, (State) Md

DATE REC'D BY LOCAL REG. 4/23/54

REGISTRAR'S SIGNATURE L. J. De Alba

24. FUNERAL DIRECTOR R.V. SINGLETON, ADDRESS Glen Burnie, Md.

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1903273

3297 CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Ann Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Laurel
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — 41X-
STREET ADDRESS (If rural give location) Fort Meade Rd.

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) S (Last) Meyers
4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-21-96
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Meyers ~~Not Known~~ Carl F Meyers
14. MOTHER'S MAIDEN NAME: Mary ~~Not Known~~ Malte

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Records, D. T. S.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
332X Immediate cause	(a) Cerebral hemorrhage	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	10 years
	DUE TO (c) Arteriosclerosis	15 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amentia — Lifelong

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-1-53, to 4-10, 1954, that I last saw the deceased alive on 4-9, 1954 and that death occurred at 10 15/a, from the causes and on the date stated above.

SIGNATURE Ben H McConnell (Degree or title) M.D. ADDRESS D.T.S. Laurel, Md. DATE SIGNED 4-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Apr 12 NAME OF CEMETERY OR CREMATORY 121 11th S.E. LOCATION (City, town, or county) (State) Prospect Hill

DATE REC'D BY LOCAL REGISTRAR April 10-54 REGISTRAR'S SIGNATURE Clara Hashup
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 1400 Chapin St. N.W. Wash. D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1911
BUREAU V. S.

Film#G165 Item# 14
5/1/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03267

3293 CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH:
COUNTY a.a. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY a.a.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location) RFD 6 Box 700

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) G. (Last) MIDDLETON

4. DATE OF DEATH: (Month) Apr. (Day) 26 (Year) 1954

5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10/27/1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Co. Spring President - Middleton & Meads
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jordan Middleton
14. MOTHER'S MAIDEN NAME: unknown Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Harold Fawthrop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to April, 1954, that I last saw the deceased alive on 26 April, 1954, and that death occurred at 7:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Luc Al Tuddin MD
ADDRESS Severna Park Ave
DATE SIGNED Apr 26 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 28
NAME OF CEMETERY OR CREMATORY Fouden Park
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR April 30, 1954.
REGISTRAR'S SIGNATURE L. J. D. Alba
24. FUNERAL DIRECTOR MacNabb & Son Catonsville Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

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RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03268

3245 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ANNAPOLIS
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE ARUNDEL GEN. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WEST RIVER, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Feb. 28 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DENMARK

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SIMON ANDERSON

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. STANLEY N. SIMMONS WEST RIVER, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset And Death: 12 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) acute cholecystitis (empyema) — 34 days
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/17/54 – Cholecystectomy 4/8/54 Cholecystectomy. 19b. MAJOR FINDINGS OF OPERATION EMPYEMA OF GALL BLADDER

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12 ,1954, to 4/13 , 1954, that I last saw the deceased alive on 4/13 , 1954, and that death occurred at 6 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Jesse F. Wilkins M.D. ADDRESS 232 Prince Geo. St. Annapolis Md. DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) TRANSIT DATE THEREOF April 19, 1954 NAME OF CEMETERY OR CREMATORY SNELL FUNERAL HOME LOCATION (City, town, or county) CLINTON, IOWA (State)

DATE REC'D BY LOCAL REGISTRAR April 15, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR HARDESTY FUNERAL HOME, Folesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03269

CERTIFICATE OF DEATH

3294

Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY A. A. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS New Cut Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A. A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn

STREET ADDRESS (If rural, give location) New Cut Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Annie	C.	Minster	April 6th 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Aug. 12th 1867	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Germany	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Un Known	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Ida Crouse, New Cut Rd. Severn Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio. Vascular Disease.	10 yrs
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944., to April 6., 1954., that I last saw the deceased alive on April 4., 1954., and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Sam S. Bullengalea M.D.	108 Central Ave. Glen Burnie Md	April 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/9/54	London Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Wm Cook Inc.	1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH 03270

3295 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (In this place) Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fruitlands - Forest Woods.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Woodall
4. DATE OF DEATH (Month) April (Day) 2nd (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	8/10/06	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plymouth, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Woodall
14. MOTHER'S MAIDEN NAME: Katie Forest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Mrs. Lyons Linton, Suite 1201 Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 516.8 Acute dilated myocarditis
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and dilatation. Sudden
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) Fruitlands
(CITY OR TOWN) P.O. Pasadena (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) April (Day) 2 (Year) 1954 (Hour) 8:00 A.M. P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was resting going home, died - while laying down on the couch.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Surname M. Pambrunes, Medical Examiner
ADDRESS: Solar Funeral Inc
DATE SIGNED: 4-29-54

BURIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/6/1954
NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
LOCATION (City, town, or county): Balto.
(State): Md.

DATE REC'D BY LOCAL REG.: 4-5-54
REGISTRAR'S SIGNATURE: A W. Nedrick
24. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 3224 Schroeder St

LL

VS. A15A

Film#G165 Item# 8
5/10/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3246 **CERTIFICATE OF DEATH** 03271

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md.
STREET ADDRESS (If rural give location) 26 Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Hall (Last) Munroe
4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 23-1871 70
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Davidsonville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel D. Hall
14. MOTHER'S MAIDEN NAME: Victoria Iglehart
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Clarkson J. Bright, 79 Market St. Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: L..2X (a) Uraemic Coma — Interval Between Onset And Death: 36 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cr. Nephritis — Several yrs

DUE TO

(c) General Arterio Sclerosis — Several yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1953, to April 30, 1954, that I last saw the deceased alive on April 30 1954, and that death occurred at 10 55 A, from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis (Degree or title) M.D. ADDRESS 40 Franklin St, Annapolis Md DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-3-54 NAME OF CEMETERY OR CREMATORY St Annes Cemt LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 3, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3296 **CERTIFICATE OF DEATH** Reg. Dist. No. 03272

1. PLACE OF DEATH:
COUNTY A.A. county MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park 50
LENGTH OF STAY (in this place) unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park
STREET ADDRESS (If rural give location) 411 Church St.

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Elsie (Last) Murray
4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 5, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William B. Boyd
14. MOTHER'S MAIDEN NAME: Margaret Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles A. Murray 411 Church St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Stomach — 3 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to April, 1954, that I last saw the deceased alive on 4-26, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE P. J. Grimaldi (Degree or title) M.D. ADDRESS 4600 Ritchie Hwy DATE SIGNED 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr 29 1954
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REGISTRAR 4-29-54
REGISTRAR'S SIGNATURE A. W. Hedrich, L.L.
24. FUNERAL DIRECTOR Geo. J. Gonce ADDRESS 4001 Ritchie Highway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Film #G165 Item # 13,14
5/4/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03274

3298 CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Brooklyn Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 4th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park.
STREET ADDRESS (If rural give location) 111 4th Ave.

3. NAME OF DECEASED: (First) William (Middle) L. (Last) NEWTON
4. DATE OF DEATH: (Month) 4. (Day) 25 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 4.19.98
9. AGE last birthday: 56 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S.F.S.
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of Rt. Lung — Interval Between Onset And Death
DUE TO metastatic
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of Sigmoid
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 52, to After 25, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 7:20 A., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Samuel Kahn M.D. 203 Valley Ave

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4.28.54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Balto.
DATE REC'D BY LOCAL REGISTRAR 4-27-54 | REGISTRAR'S SIGNATURE Fred. Hebert | 24. FUNERAL DIRECTOR John L. Deems | ADDRESS 130 E. Fountain.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03275

3247 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A A MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 333 Burnside St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Norwood
4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feby 21-1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter (House)
10b. KIND OF BUSINESS OR INDUSTRY: Painter
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Levin M. Norwood
14. MOTHER'S MAIDEN NAME: Charlotte Foreman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Pearl Zang West River A A Co Md Galesville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocarditis, Chronic — Interval Between Onset And Death: 2 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart Disease — 1 yr.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21-, 1954 to 4-17-, 1954, that I last saw the deceased alive on 4-17-, 1954, and that death occurred at 10.30 A, from the causes and on the date stated above.

SIGNATURE James A. Martin (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-19-54 NAME OF CEMETERY OR CREMATORY St Annes Cemt LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR April 19, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V

MARYLAND 3299

03276
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: AnneArundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 4yrs.3mos.27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Elijah (Last) Owens

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 5/26/07

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Grant Owens

14. MOTHER'S MAIDEN NAME: Sophia Boardley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): Unk.

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Acute Coronary Thrombosis — Interval Between Onset and Death: 12 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease

(c) Possible Cerebral Vascular Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - -

(CITY OR TOWN) (COUNTY) (STATE): - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - - - - - -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: - - -

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 4/11/, 19 54, that I last saw the deceased alive on 4/11, 19 54, and that death occurred at 6:30p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert, M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 4/11/54

23. BURIAL, CREMATION, REMOVAL: BURIAL
DATE: APRIL 14, 1954
NAME OF CEMETERY OR CREMATORY: FOWLERS CHAPEL CEMETERY
LOCATION (City, town, or county) (State): BEST GATE, A.A.CO. MARYLAND

DATE REC'D BY LOCAL REG.: April 13, 1954
REGISTRAR'S SIGNATURE: K M Joyce

24. FUNERAL DIRECTOR: ETHEL L. HICKS
ADDRESS: 43-45 NORTHWEST ST. ANNAPOLIS, MD.

15

RECEIVED
APR 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03277

CERTIFICATE OF DEATH

3248

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY a a MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY a a.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rive Road
STREET ADDRESS (If rural give location) Annapolis Md

3. NAME OF DECEASED: (Type or Print) (First) Zella (Middle) Lee (Last) Palmer

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1954

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 18th 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Edgewater Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas D. Lee
14. MOTHER'S MAIDEN NAME: Rebecca Purdy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Verdine W. Palmer Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
5
Immediate cause (a) Intestinal obstruction
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Volvulus & gall stone at Ileo-coecal valve
DUE TO
(c) ~~Sun~~

Interval Between Onset And Death: 7 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgical shock

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1954, to 4/18, 1954, that I last saw the deceased alive on 4/18, 1954, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice Kirwans MD
ADDRESS Annapolis Md
DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 4-20-54
NAME OF CEMETERY OR CREMATORY Edwards Chapel
LOCATION (City, town, or county) Parole (State) Md

DATE REC'D BY LOCAL REGISTRAR April 19, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3249 **CERTIFICATE OF DEATH** Reg. Dist. No. 03278

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis R.F.D. # 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.NAVAL HOSPITAL, Annapolis	STREET ADDRESS (If rural give location) Carrs Beach

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) B (Last) PINCKNEY

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 27 April 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 20 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel PINCKNEY

14. MOTHER'S MAIDEN NAME: Susan Beatrice Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Official Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) PREMATURITY

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1954, to 4-28-, 1954, that I last saw the deceased alive on 4-28-, 1954, and that death occurred at 0552, from the causes and on the date stated above.

SIGNATURE John T. Egan (Degree or title) LtCdr MC USN ADDRESS U.S.N.Hospital, Anna.Md. DATE SIGNED 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/29/1954 NAME OF CEMETERY OR CREMATORY Naval Academy Cemetery LOCATION (City, town, or county) (State) U.S. Naval Academy-Annapolis Md/

DATE REC'D BY LOCAL REGISTRAR Apr. 29, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ethel L. Hicks-45 ADDRESS Northwest-Annapolis, Md.

204 + 5 12 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 7-54
BUREAU

MARYLAND 3300

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

03279

Reg. Dist. No. 28

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
STREET ADDRESS (If rural, give location) 23 New Cut Road

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Woods (Last) Poole

4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1954

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1883?

9. AGE last birthday 70? yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Alfred Young

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.

16. SOCIAL SECURITY No. Unk.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4423

Immediate cause (a) Chronic Myocarditis — Known to us since 10/22/53

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — " " "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1953, to 4/21, 1954, that I last saw the deceased alive on 10/21, 1954, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

SIGNATURE Arnold H. Eichert (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4-26-54 NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 4-23-54 REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Mr. Frances A. Hemsley ADDRESS 5780 Biddle St.

3301

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03280 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 2

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kannapolis
STREET ADDRESS (If rural, give location) 514-Bethpage Rd.

3. NAME OF DECEASED: (Type or Print) (First) CLEMENT (Middle) S. (Last) PRICE

4. DATE OF DEATH (Month) April 4 (Day) (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/10/10
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Textile Worker
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Concord, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. B. Price
14. MOTHER'S MAIDEN NAME: Margaret Stonestreet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 237-01-5492
17. INFORMANT & ADDRESS: Md. House of Correction Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 2 2.1

Immediate cause (a) Myocardial infarction with mural thrombus

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED April 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE THEREOF 4/5/54
NAME OF CEMETERY OR CREMATORY Kannapolis
LOCATION (City, town, or county) (State) Kannapolis, North Carolina

DATE REC'D BY LOCAL REG. 4-5-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS 1217 St. Paul Street

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3302 MARYLAND STATE DEPARTMENT OF HEALTH 03281

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (In this place) Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Corner of 301 and First Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterloo
STREET ADDRESS (If rural, give location) Washington Boulevard.

3. NAME OF DECEASED (Type or Print) (First) Thomas Aloyisus (Middle) S.W. (Last) Quigley
4. DATE OF DEATH (Month) (Day) (Year) April 11-1954 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6/12/33
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk at Westinghouse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hamilton, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Patrick Joseph Quigley
14. MOTHER'S MAIDEN NAME Anne Patricia Hamilton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Air Force
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Patrick R. Quigley (brother).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: 823X (a) CONTUSION OF MEDULLA AND CERVICAL SPINAL CORD DUE TO FRACTURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) DISLOCATION OF NECK

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Routr 301
(CITY OR TOWN) (COUNTY) (STATE) Glen Burnie, A.A.Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4/11/54 3.10 A.m.
INJURY OCCURRED While at work Not while at work X
HOW DID INJURY OCCUR? Hit a tree (driving automobile).

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 4-11-54

SERIAL CREMATION OR MOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
[illegible]	April 14-54	Baltimore Hall County	Frederick Rd Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 13, 1954	L J D'Alba	Bernard W Funk	Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 15 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03282

3303 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian ✓
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) (Last) Randall
4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH: 6-7-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): A.A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Stephen H. Randall
14. MOTHER'S MAIDEN NAME: Mary E. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Cornelia Randall Lothian, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Respiratory failure — Interval Between Onset And Death: minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral accident (Thrombosis or metastatic) — Two weeks

DUE TO (c) Carcinoma of Prostate — some months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none apparent

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1954, to Apr. 7, 1954, that I last saw the deceased alive on Apr. 3, 1954, and that death occurred at his home from the causes and on the date stated above.

SIGNATURE Marston T. Waite (Degree or title) M.D. ADDRESS 56 Southgates Ave. Annapolis, Md. DATE SIGNED Apr. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-11-1954
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) Lothian, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 4-9-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR William Beese, II-108 N. Washington St. Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03283

3304 CERTIFICATE OF DEATH

Reg. Dist. No. 7 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: A. A. County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: /

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
STREET ADDRESS (If rural, give location): 327 Arden Rd.

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Delano (Last) Reid

4. DATE OF DEATH: (Month) Apr (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 11, 1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Delano

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William Wallace Reid 1002 Andover Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Rheumatic Carditis Vascular Disease — Interval Between Onset and Death: 2-9-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) C. Mitral Stenosis Valvulitis - Congestive Heart Failure — 4-9-54

(c) Hepatomegaly + Thrombophlebitis of Both Lower Ext

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1954, to 4-11, 1954, that I last saw the deceased alive on 4-9, 1954, and that death occurred at 7P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. G. Soanwal M.D. — ADDRESS: 4016 Patches Hwy Balto 25 Md — DATE SIGNED: 4-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 14, 1954 — NAME OF CEMETERY OR CREMATORY: Greenmount Mausoleum — LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG.: 4/13/54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H. W. Gaston Son — ADDRESS: 805 N. Calvert St.

Drive

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03284

3305

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Near Brooklyn Park
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ordnance Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Near Brooklyn Park
STREET ADDRESS (If rural give location) Ordnance Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EDGAR (Last) Riley, Sr.

4. DATE OF DEATH: (Month) apr. (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 18, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Cotton Mill

11. BIRTHPLACE (State or foreign country) Loudon Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-10-8831

17. INFORMANT & ADDRESS: Wm. E. Riley, Jr. 2612 Cecil Ave. Balto. 18, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1954, to April 2, 1954, that I last saw the deceased alive on March 29, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Sidney R. Kellam (Degree or title) M.D. ADDRESS 4704 Fenimore Rd. Balto. 12 DATE SIGNED April 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF apr. 6, 1954

NAME OF CEMETERY OR CREMATORY Good Shepherd

LOCATION (City, town, or county) Rockland. (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 7, 1954

REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1954
USDA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03287

CERTIFICATE OF DEATH

3250

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) Hotel Maryland

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Agnes (Last) Schoen

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: Fe.
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: 8-31-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred L. Britton
14. MOTHER'S MAIDEN NAME: Mary Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Jos. H. Griscom Sr. 901 Bay Ridge Ave. Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

423.0

Immediate cause (a) Stoker-Adams Syndrome — Interval Between Onset And Death: 18 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Complete left bundle branch block — 18 hrs

DUE TO (c) Generalized Arteriosclerosis — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9/1950 to 4/6/1954, that I last saw the deceased alive on 4/6/1954, and that death occurred at 7:55 A.M. from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 4/7/54

23. BURIAL, ~~CREMATION,~~ REMOVAL (Specify) DATE THEREOF 4-8-1954 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 8, 1954 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1954
BUREAU V. S.

3306 MARYLAND STATE DEPARTMENT OF HEALTH 03288

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasaden a — LENGTH OF STAY (In this place) 7 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Mills Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Simmons

4. DATE OF DEATH (Month) (Day) (Year): April 4th 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Widwed	?	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Contruction	Newburn N. C.	U.S.A.

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ? — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Beargie Washington (Neighbor)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion ..... Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner, Glen Burnie, Md. 4/6/54

BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/1954	Mt. Auburn Cem.	Balto Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Mrs Katie R Williams Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

VS AI5A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03289

3251

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creeke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Henry (Last) Smith

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 21 - 1916
9. AGE last birthday: 37 [redacted] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur Fire Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Fireman City Annapolis
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Smith
14. MOTHER'S MAIDEN NAME: Amanda Weedon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 214-05-1518
17. INFORMANT & ADDRESS: Joy Lee Smith Weems Creeke A A Co Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) hypertensive cardiovascular disease — Interval Between Onset And Death: 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

DUE TO (b) hypertrophy of heart

DUE TO (c) left bundle branch block

+43X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity (280 lbs) 5-2 ht

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7th, 1956, to April 13, 1954, that I last saw the deceased alive on 3 AM 4-13 1954, and that death occurred at 11:40 AM from the causes and on the date stated above.

SIGNATURE Edith Roeller M.D. (Degree or title) ADDRESS 45 Franklin St Annapolis DATE SIGNED 4-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-16-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemt LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR April 16, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU [illegible]

D. Lenhardt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03290

3252 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1220 McKinley Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md
STREET ADDRESS (If rural give location) 1220 McKinley Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) Smith

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/14/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Employed State of Md.

10b. KIND OF BUSINESS OR INDUSTRY: Ret. State of Md.

11. BIRTHPLACE (State or foreign country): Mayo Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Smith

14. MOTHER'S MAIDEN NAME: "UNK"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Louis Robertson 1220 McKinley St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — Interval Between Onset And Death: 3 mons

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach & metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 54, to 4-6 54, that I last saw the deceased alive on 4-6 54, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4/8/54 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR April 8, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Annapolis, Md

VS. A15

RECEIVED
APR 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03293

CERTIFICATE OF DEATH

3253

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ann Arundel Gen'l. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location) Box 57 - R. F. D. 3

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) Wesley (Last) STARTT, Sr.

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 1, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Metal Finishing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick B. Startt
14. MOTHER'S MAIDEN NAME: Victoria Crouch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World No. 1
16. SOCIAL SECURITY No.: 213-01-9380
17. INFORMANT & ADDRESS: Mrs. Carrie Startt - Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4:0.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 36 HRS

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1954, to 7 APR., 1954, that I last saw the deceased alive on 7 APR., 1954, and that death occurred at 405 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward S Beck MD
ADDRESS 41 Southgate Ave Annapolis
DATE SIGNED 4-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Glen Haven Cem.
LOCATION (City, town, or county) (State) A.A. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 4-9-54
REGISTRAR'S SIGNATURE a W Hedrick
24. FUNERAL DIRECTOR [illegible] Sons
ADDRESS Balto. 17. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03296

3307 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Linthicum
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: #3 Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Linthicum Styts
STREET ADDRESS (If rural give location): 3 CENTRAL AVE

3. NAME OF DECEASED: (Type or Print) (First) Wm (Middle) Edward (Last) Thomas

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5/3/95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY: Money
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm E. Thomas Sr.
14. MOTHER'S MAIDEN NAME: Ida Lewis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 yr. (If Yes, give war or dates of service) 1913-1916
16. SOCIAL SECURITY NO. 217-01-1719
17. INFORMANT & ADDRESS: Wm - Mildred Thomas

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cause of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 6-8 mo.

ANTECEDENT CAUSE (S) DUE TO (B) Cholithiasis — 5-10 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Metastasis - general -

19A DATE OF OPERATION: Oct. 7 - 1953
19B. MAJOR FINDINGS OF OPERATION: Ca Gall Bladder + spreading to glands.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953, to 4/1, 1954 that I last saw the deceased alive on 4/1/54, 19 .., and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE: Chas. L. Ball Jr. — ADDRESS: M.D. Linthicum Md. — DATE SIGNED: 4/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: APRIL 5-1954
NAME OF CEMETERY OR CREMATORY: GLEN HAVEN
LOCATION (City, town, or county) (State): A.A. Co Md

DATE REC'D BY LOCAL REGISTRAR: 4-2-54
REGISTRAR'S SIGNATURE: R.W. Hedrick
24. FUNERAL DIRECTOR: Joseph C. & B. McWalters
ADDRESS: Pratt & Stricker Sts

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3308

Reg. Dist. No. 03227

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chanchton.
LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 753 Park Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1954

5. SEX: female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept 10, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Taylor
14. MOTHER'S MAIDEN NAME: Sally Brown.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Laura Hutton - Chanchton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 2 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to April, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

SIGNATURE Bowie Linn Grant (Degree or title) M.D. ADDRESS Shady Side, Md. DATE SIGNED 4.15.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-18-54
NAME OF CEMETERY OR CREMATORY Franklin Cemetery
LOCATION (City, town, or county) (State) Chanchton Md.
DATE REC'D BY LOCAL REGISTRAR April 15, 1954
REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03298

3254 CERTIFICATE OF DEATH Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 20 Locust Ave

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Trueblood
4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-11-1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Chicago Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Stewart
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Calven Trueblood 20 Locust Ave Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause: (a) Uraemic Coma — 24 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cr. Nephritis — several yrs
DUE TO
(c) Renal Arteriosclerosis — several yrs
442X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to April 19, 1954, that I last saw the deceased alive on April 19, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Oliver Purvis M D
ADDRESS 40 Franklin St. Annapolis Md
DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-21-54 NAME OF CEMETERY OR CREMATORY Parklawn Cemt LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR April 21, 1954 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Hardesty Funeral Home ADDRESS Galesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

03299

3255

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 155 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 155 West Street

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) E (Last) Tucker

4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 7, 1899

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----

16. SOCIAL SECURITY NO. (If year, give war or dates of service) ----: none

17. INFORMANT AND ADDRESS: William E. Tucker Husband same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cardio Vascular Collapse — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Carcinoma, extensive & widely Metastatic, Originating in Colon — 6-8 mos.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan - 1954 to April, 1954, that I last saw the deceased alive on April 7, 1954 and that death occurred at 8½ p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Christhilf Jr. — ADDRESS: 69 Franklin — Annapolis Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 13, 54 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: April 12, 1954 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

RE
APR 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04240

3309 CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.O. Glen Burnie, LENGTH OF STAY (in this place) Over 30 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
HOSPITAL OR INSTITUTION OR STREET ADDRESS Snowdentown	STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Thomas Charles Warren

4. DATE OF DEATH: (Month) (Day) (Year) April 17 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	Colored	Married	1869 ?	85 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		A.A.CO.Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Warren	Alice Simms

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	NO		Victor C. Howard (Grandson)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arteriosclerosis — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16/54, 19 ....., to 4/17/54, 19 ....., that I last saw the deceased alive on 4/16/54, 19 ....., and that death occurred at 11.15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave H. Fauchet M.D.	M.D.	Glen Burnie, Md.	4/18/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 21-54	Mt. Calvary	A.A. Co. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-54	A W Hedrick	James A. Hayes	638 N. Gilmor St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3310

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Furnace Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 301 First Ave. S.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Melvin Lee Watts Sr.

4. DATE OF DEATH (Month) (Day) (Year) April-16-1954 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated

8. DATE OF BIRTH 3/1/30

9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dog warden A.A. County.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Benfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Milton J. Watts

14. MOTHER'S MAIDEN NAME Alice A. Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Marine 6/2[illegible]/51-10/17/5[illegible]

16. SOCIAL SECURITY NO. 218-26-5059

17. INFORMANT AND ADDRESS Mrs. Alice A. Grahe, (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825 X

Immediate cause (a) Generalised hemorrhage due to multiple

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fractures and deep lacerations

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Furnace Branch Rd. (CITY OR TOWN) Glen Burnie (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 4/16/54 6 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 4/18/54

[illegible] CREMATION (REMOVAL, Specify) Burial

DATE THEREOF 4/20/54

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE REC'D BY LOCAL REG. April 19, 1954

REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR R V Singleton ADDRESS Glen Burnie, Md.

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BUREAU V. S.

03302

MARYLAND 3311

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Homeless ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Thomas (Last) West

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1954

5. SEX Male

6. COLOR OR RACE Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 8/15/85

9. AGE last birthday 68 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk.

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Henry West

14. MOTHER'S MAIDEN NAME Lucy West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-9-1A

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION — — — —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/25/54, 19..., to 4/5/54, 19..., that I last saw the deceased alive on 4/5, 1954, and that death occurred at 11:50a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. ADDRESS Crownsville, Md. DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 4-12-54 NAME OF CEMETERY OR CREMATORY Mount Calvary LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. APR 11 1954 REGISTRAR'S SIGNATURE Huntington Williams, M.D. Katherine M. Joyce

24. FUNERAL DIRECTOR El Roy O. Wilson ADDRESS 1000 Brantley Ave

RECEIVED
APR 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3256 **CERTIFICATE OF DEATH** 03303

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 139 Market St.

3. NAME OF DECEASED: (Type or Print) (First) Caribel (Middle) Carmack (Last) Travis White
4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 7-1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Craton Falls N.Y.
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME: Lee Grand H. Travis
14. MOTHER'S MAIDEN NAME: Catherine E. Cormack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs John Kieffer Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cerebral Hemorrhage with — Interval Between Onset And Death 24 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) left hemiplegia — several years

DUE TO

(c) Arteriosclerotic Heart Disease — Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Several years

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1954, to 4-29, 1954, that I last saw the deceased alive on 4-28, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D ADDRESS Annapolis Md DATE SIGNED 4-30-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 5-1-54 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 30, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03304

3312

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
STREET ADDRESS (If rural give location): U. S. ARMY HOSPITAL Box 68

3. NAME OF DECEASED: (Type or Print) (First) Dale (Middle) Steven (Last) Williams

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6 April 1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: Dale Bernett Williams

14. MOTHER'S MAIDEN NAME: Beatrice E. Carpenter

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Dale B. Williams (Father) Box 68 Jessup, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

N.B.

Immediate cause (a) Pulmonary atelectasis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — DUE TO

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1954, to 4-8, 1954, that I last saw the deceased alive on 4/8, 1954, and that death occurred at 0535, from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph S. Ardinger MD — ADDRESS: 2E. Road Ft. George G. Meade, Md — DATE SIGNED: 4/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 9 April 1954 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Ft. George G. Meade, Md.

DATE REC'D BY LOCAL REGISTRAR: 9 April 1954 — REGISTRAR'S SIGNATURE: T. A. Gordon — 24. FUNERAL DIRECTOR ADDRESS: Chaplain Ritter, Ft. Meade, Md

2144221353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

03305

MARYLAND 3313

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
LENGTH OF STAY (in this place) 68 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital 10

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3401-4
STREET ADDRESS (If rural, give location) 244 N. Montfred Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Neal (Last) Willis
4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1954

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1/20/07
9. AGE last birthday 47 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home Dir.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Waverly Neal
14. MOTHER'S MAIDEN NAME Lucinda Feel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. No (If year, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Known to us since 8/31/53

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis " "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis " "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1953, to 4/18, 1954, that I last saw the deceased alive on 4/18, 1953, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

SIGNATURE Stephen E. Kramer (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 4/19/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/22/54 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) Brooklyn (State) Md.

DATE REC'D BY LOCAL REG. 4-23-54 REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Elroy O. Wilson 1100 Brooklyn Md ADDRESS

Film #G165 Item # 9
5/3/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03306

3257 CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
STREET ADDRESS (If rural, give location) 45 N. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Cau. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 8-14-1887 | 9. AGE Last birthday: 67 66 yrs. | IF UNDER 1 YEAR: Months 8, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Labor | 10b. KIND OF BUSINESS OR INDUSTRY: Basford State | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wilson | 14. MOTHER'S MAIDEN NAME: Margaret Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-12-7710

17. INFORMANT & ADDRESS: Mary Carter - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — unknown

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1954, to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Bond M.D. | ADDRESS Annapolis, Md. | DATE SIGNED 4-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-28-54 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-29-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR William Reese II | ADDRESS 158 N. Washington St. Annapolis, Md.

VS. A15